

## **APPLICATION DATA SHEET**

### **APPLICATION INFORMATION**

Application Type:: Regular  
Subject Matter:: Utility  
Title:: Medical Instrument  
Attorney Docket Number:: HOE-799  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure:: 5  
Total Drawing Sheets:: 4  
Small Entity?: No  
Petition Included?: No

### **APPLICANT INFORMATION**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Manfred  
Family Name:: Dworschak  
City of Residence:: Duerbheim  
Country of Residence:: Germany  
Street of Mailing Address:: Riedweg 13  
City of Mailing Address:: Duerbheim  
Country of Mailing Address:: Germany  
Postal or Zip Code of Mailing Address:: D-78589  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Theodor

Family Name:: Lutze  
City of Residence:: Balgheim  
Country of Residence:: Germany  
Street of Mailing Address:: Hochstattweg 6  
City of Mailing Address:: Balgheim  
Country of Mailing Address:: Germany  
Postal or Zip Code of Mailing Address:: D-78582  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Pedro  
Family Name:: Morales  
City of Residence:: Tuttlingen-Nendingen  
Country of Residence:: Germany  
Street of Mailing Address:: Fronhofstrasse 26  
City of Mailing Address:: Tuttlingen-Nendingen  
Country of Mailing Address:: Germany  
Postal or Zip Code of Mailing Address:: D-78532  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Dieter  
Family Name:: Weisshaupt  
City of Residence:: Immendingen  
Country of Residence:: Germany  
Street of Mailing Address:: Bachzimmerer Oesch 10  
City of Mailing Address:: Immendingen  
Country of Mailing Address:: Germany  
Postal or Zip Code of Mailing Address:: D-78194

**CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 20028  
Phone Number: (203)459-0200  
Fax Number:: (203)459-0201  
E-Mail Address:: barry@patlawfirm.com

**REPRESENTATIVE INFORMATION**

Representative Customer Number::	20028	
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**DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	continuation of	PCT/EP02/07614	07/09/02

**FOREIGN PRIORITY INFORMATION**

Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	101 38 393	08/04/01	Yes

**ASSIGNEE INFORMATION**

Assignee Name:: AESCULAP AG & Co. KG  
Street of Mailing Address:: Am Aesculap-Platz  
City of Mailing Address:: Tuttlingen  
Country of Mailing Address:: Germany  
Postal or Zip Code of Mailing Address::D-78532